## Application for up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment Confidential Client/Patient Information

Welfare and Institutions Code (W&I Code), section 5150(g)(1), they are first taken into custody under this section, shall be provid custody, the following information orally in a language or modality cannot understand an oral advisement, the information shall be pr	ed, by the person who takes them into accessible to the person. If the person					
☐ Complete Advisement ☐ Incomplete Advisement ☐ Good Cause for Incomplete Advisement:  Date of Advisement/Attempt:						
Detainment Advisement  My name is health professional) with (name of agency). You are not under crir examination by behavioral health professionals at (name of facility You will be told your rights by the behavioral health staff.  If taken into custody at their residence, the person shall also You may bring a few personal items with you, which I will have to a assistance turning off any appliance or water. You may make a pheriends or family where you have been taken	be told the following: approve. Please inform me if you need					
Advisement Completed/Attempted By: Position:	Language or Modality Used:					
To (name of 5150 designated facility):						
The detained person's condition was called to my attention under	the following circumstances:					
Specific facts that I have considered that lead me to believe that the aresult of a mental health disorder or gravely disabled as a result substance use disorder, or a co-occurring mental health disorder and the substance use disorder and the substance used t	of a mental health disorder, a severe					

Please Note: A copy of this application shall be treated as the original.

State of California – Health and Hur	nan Serv	rices Agency	Department o	i Health Ca	are Services		
☐ I have considered the historical disorder, or co-occurring mental he		•					
No reasonable bearing on the d			pecause:				
Optional Information							
History Provided by (Name)	Addres	S	Phone Number	Relation			
Based upon the above informat Danger to Self (DTS) as a record Danger to Others (DTO) as Gravely disabled adult as a disorder, or □ co-occurring defined in W&I Code section □ Gravely disabled minor as a 5585.25).	result of a a result result of mental h n 5008(r	a mental health disorder of a mental health disor f a	- der. rder,⊡ severe sub ere substance use	ostance us disorder (a	as		
Notifications to be Provided Purs	suant to	Section 5152.1 and/or	8102 of the W&I	Code			
Notify behavioral health director/de	signee:_						
	(Name)			(1	Phone)		
and peace officer/designee:	<u> </u>			/Dl	of		
Person's release or end of detention	(Name) tion if either of the boxes below are checked.			(Phone)			
Notification of person's release in the person has been referred to facts regarding actions witnessed complaint.  Weapon was confiscated pursual.	o the fac ed by the	ility under circumstances officer or another perso	s which, based up	on an alleg			
Signature, title, and badge number by the county for evaluation and trecrisis team, or professional person	of peace	e officer, professional pe member of the attending					
Name of Law Enforcement Agency	or Evalu	nation Facility/Person:					
Address:		City:		State:	Zip Code:		
Name:	Title:		Badge Numbe	er: Phone:			
Signature:			Date:	•			
		References					
Welfare and Institutions Code Sections: 300, 601, 602, 5008, 51	22, 5150		, 5350, 5354, 558	5.25, 5585	.50, 8102		
Individual Detained: Date of Birth:							

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